

**FILED**

11/10/2014

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

RECEIVED

NOV 03 2014

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

DEMETRIUS BARROWS

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

14 C 8791

Judge Robert M. Dow Jr.

Magistrate Judge Sheila M. Finnegan

vs.

THOMAS DART individual  
official capacity

Superintendent THOMAS

JOHN DOE individual  
official capacity

JOHN DOE individual  
official capacity

JOHN DOE individual  
official capacity

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

☒

**COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
U.S. Code (state, county, or municipal defendants)

☐

**COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code (federal defendants)**

☐

**OTHER (cite statute, if known)**

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: \_\_\_\_\_
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: \_\_\_\_\_
- D. Place of present confinement: \_\_\_\_\_
- E. Address: \_\_\_\_\_

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: \_\_\_\_\_
- Title: \_\_\_\_\_
- Place of Employment: \_\_\_\_\_
- B. Defendant: \_\_\_\_\_
- Title: \_\_\_\_\_
- Place of Employment: \_\_\_\_\_
- C. Defendant: \_\_\_\_\_
- Title: \_\_\_\_\_
- Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Be Advise On The DATE 1-26-13 While Housed  
In C.C.D.O.C. DIV 9 Tier 2F. On 7-3 shift  
Between 8:00AM And 10:00AM A Incident Occured  
With Me Being Attacked By Numerous Detainees And  
Sworn Staff Failed To Protect. I Pre Trial Detainee  
~~Watching T.V.~~ Was Sitting Down Watching T.V. ~~when~~ An  
A Group Of Males Walked Over To Where I Was  
Sitting And Told Me I Have To Pack My Property  
And Leave The Tier. The Assign Tier C/O Noticed  
The Confrontation And Came Toward The Interlock  
Door With Radio In His Hand. I Got Up And  
Ran Towards The Interlock Screaming For Help, The  
Tier C/O Closed The Door On Me. While I Was  
Running One Of The Detainees Tripped Me Causing  
Me To Fall To The Ground. I Was Beaten ~~and~~  
Severely By Numerous Detainees To The Point  
Went Unconscious. When I Regained Conscious I  
Was In <sup>hospital</sup> ~~disposition~~ With 2 Of My Front Teeth



Knocked Out Plus Bruising And Swelling Over My Face  
And Body. During The Time Of Incident (THOMAS DART)  
Was In The Elected Chair Of Cook County Sheriff.  
While Being In The Sheriff Position (DART) Is Responsible  
For Employee's Working Under Him Which Is Why He  
Being Sued

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

The Plaintiff Request Compensatory & Punitive Damage Due To Sworn Officer Negligence, Deliberate Indifference, & ~~Failure~~ Failure To Protect. Which Is Why I'm Suing For \$100,000 By Each In Their Own Capacity, For All Legal Fee's Paid. Due To Sworn Staff Knowingly & Wrongful Doing Showing Disregard To My Safety And Well Being Is Why They All Are Getting Sued With All Security & Respect

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 10 day of 15, 2014

Demetrius Baswilas  
(Signature of plaintiff or plaintiffs)

(Print name)

Demetrius Baswilas  
(I.D. Number)

2010-0728-120

P.O. Box-089002

Chicago, IL, 60608  
(Address)